									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOIL Effective January 1, 2003								10619282						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			Jo				1	RATE	=	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMB	UMBER EXTRA		BASIC F	EE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			20minus 20=		· 0			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X42=				X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		<u> </u>				\dashv		OR			
* 16	the difference	in column 1 is	ess than zero, enter "0" in column 2				+140	-4		OR	+280=			
								TOTA	L		OR	•	750	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	OTHER SMALL I		
		CLAIMS REMAINING	A	HIGH NUM	EST	PRESENT	Ī	. 1,114, . 1.	Ī	ADDI-			ADDI-	
AMENDMENT A		AFTER AMENDMENT		PREVIO	DUSLY	EXTRA		RATE		TIONAL FEE		RATE	TIONAL	
	Total	. 17	Minus	* 2	20	=		X\$ 9=	=		OR	X\$18=		
	Independent	. 3	Minus	***	3	8		X42=			OR	X84=		
`	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		H	+140:				+280=		
						1	ı	TOT			OR	TOTAL		
		(0.1		10.1	-		,	ADDIT. F			OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colur		(Column 3)	1 r		_	ADD:	1		4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	##		=		X\$ 9=	-		OR	X\$18=		
	Independent		Minus	***		=		X42=	7		OR	X84=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		1	+140=	_		OR	+280=		
								TOT.			OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)				•	-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=	. 1		OR	X\$18=		
	Independent		Minus	***		=	lt	X42=	+			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\dashv		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+280=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE														
		iber Previously Pa					er fou	nd in the	арр	ropriate box	in co	lumn 1.		

FORM PTO-875 (Rev. 12/02)

*U.S. Government Printing Office: 2003 - 498-278/69151

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